

# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

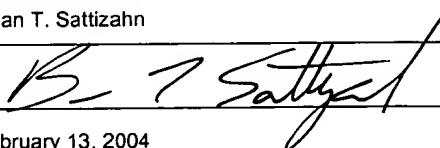
Total Number of Pages in This Submission

Application Number	09/828,444
Filing Date	04/06/2001
First Named Inventor	AVALLONE et al.
Art Unit	3621
Examiner Name	F. Backer
Total Number of Pages in This Submission	Attorney Docket Number
	20807-0003

## ENCLOSURES (check all that apply)

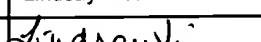
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Acknowledgment Postcard, Certificate of Mailing, Cited References (11)
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	McNees Wallace & Nurick LLC Brian T. Sattizahn
Signature	
Date	February 13, 2004

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Lindsay Vican		
Signature		Date	February 13, 2004

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GROUP 3600

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180)

Complete if Known

Application Number	09/828,444
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First Named Inventor	AVALLONE et al.
Examiner Name	F. Backer
Group / Art Unit	3621
Attorney Docket No.	20807-0003

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## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money  Other  None  
Order

 Deposit Account:

Deposit Account Number

50-1059

Deposit Account Name

McNees Wallace &amp; Nurick LLC

## The Commissioner is authorized to: (check all that apply)

- 
- Charge fee(s) indicated below
- 
- Credit any overpayments
- 
- 
- Charge any additional fee(s) during the pendency of this application
- 
- 
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	2001	750	375
1002	2002	330	165
1003	2003	520	260
1004	2004	750	375
1005	2005	160	80

SUBTOTAL (1)

(\$ 0)

## 2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims		-20 **	= 0	X 0 = 0
Independent Claims		-3 **	= 0	X 0 = 0
Multiple Dependent			X 0 = 0	

## Large Entity

## Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 0)

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

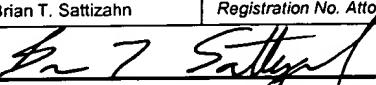
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1051	130	2051	65	Surcharge - late filing fee or oath	
		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
		1053	130	1053	130	Non-English specification	
		1812	2,520	1812	2,520	For filing a request for reexamination	
		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
		1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
		1251	110	2251	55	Extension for reply within first month	
		1252	410	2252	205	Extension for reply within second month	
		1253	930	2253	465	Extension for reply within third month	
		1254	1,450	2254	725	Extension for reply within fourth month	
		1255	1,970	2255	985	Extension for reply within fifth month	
		1401	320	2401	160	Notice of Appeal	
		1402	320	2402	160	Filing a brief in support of an appeal	
		1403	280	2403	140	Request for oral hearing	
		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
		1452	110	2452	55	Petition to revive – unavoidable	
		1453	1,300	2453	650	Petition to revive – unintentional	
		1501	1,300	2501	650	Utility issue fee (or reissue)	
		1502	470	2502	235	Design issue fee	
		1503	630	2503	315	Plant issue fee	
		1460	130	1460	130	Petitions to the Commissioner	
		1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
		1806	180	1806	180	Submission of Information Disclosure Stmt	180
		8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
		1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
		1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
		1801	750	2801	375	Request for Continued Examination (RCE)	
		1802	900	1802	900	Request for expedited examination of a design application	
						Other fee (specify) _____	

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 180)

\*\* or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Signature	Registration No. Attorney/Agent)	46,401	Telephone	717-237-5258
Brian T. Sattizahn				Date	February 13, 2004

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P.O. Box 1450  
Alexandria, VA 22313-1450

on February 13, 2004.

Date

Lindsay Vican  
Signature

Lindsay Vican

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Return Acknowledgment Postcard  
Fee Transmittal Form  
Transmittal Form  
Response to Office Action  
Information Disclosure Statement/PTO/SB/08  
Cited References (11)

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**FEB 23 2004**

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